

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

0 1

2 0 0 9

through

1 0

3 1

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

1 1

1 8

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 178

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	1339674.06
(b) Cash on Hand at Beginning of Reporting Period .....	1740792.22	
(c) Total Receipts (from Line 19) .....	232798.41	1420539.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1973590.63	2760213.78
7. Total Disbursements (from Line 31) .....	110176.28	896799.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1863414.35	1863414.35
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 178

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	141325.91	623827.13
(ii) Unitemized .....	54653.86	273599.03
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	195979.77	897426.16
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	195979.77	897426.16
12. Transfers From Affiliated/Other Party Committees .....	36575.00	498361.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	22000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	243.64	2752.56
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	232798.41	1420539.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	232798.41	1420539.72

## DETAILED SUMMARY PAGE

of Disbursements

4 / 178

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	258.78	5490.24	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	258.78	5490.24	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	107000.00	887491.69	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	900.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	900.00	
29. Other Disbursements.....	2917.50	2917.50	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	110176.28	896799.43	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110176.28	896799.43	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 178

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	195979.77	897426.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	195979.77	896526.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	258.78	5490.24
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	258.78	5490.24

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: 17584488

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: 17584489

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Ostaszewski

Mailing Address 54 Bay Way

City

Brick

State

NJ

Zip Code

08723-7361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEALTHSOUTH Rehabilitation  
Hospital of

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: 17584501

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

510.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Clare Sapienza-Eck

Mailing Address 7712 Central Avenue, West

City

Sea Isle City

State

NJ

Zip Code

08243-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Jersey Healthcare

Occupation

Vice President Strategic Planning and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17584507

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Hrickiewicz

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Editor Health Facilities Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17588230

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chris Anderson

Mailing Address 2809 Denny Avenue

City

Pascagoula

State

MS

Zip Code

39581-5300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Singing River Health Syst-  
em

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17588973

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry C. Bourne

Mailing Address 424 Autumn Oak Drive

City

Madison

State

MS

Zip Code

39110-9148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HPI Company

Occupation

President and CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17588986

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City

Jackson

State

MS

Zip Code

39211-2945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17588991

Amount of Each Receipt this Period

17.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. Guy Geller

Mailing Address P O Box 351

City

Magnolia

State

MS

Zip Code

39652-0351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beacham Memorial Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589011

Amount of Each Receipt this Period

172.50

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. G. Douglas Higginbotham

Mailing Address P O Box 607

City

Laurel

State

MS

Zip Code

39441-0607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Central Regional Me-  
dical Center

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589019

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve Lesley

Mailing Address P.O. Box 1909

116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Hospital Asso-  
ciation

Occupation

Director of Data Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589031

Amount of Each Receipt this Period

56.68

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kurt W Metzner

Mailing Address 1225 North State Street

City

Jackson

State

MS

Zip Code

39202-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Baptist Health  
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589038

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

71.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ken Posey, , FACHE

Mailing Address P O Box 527

City

Bay Springs

State

MS

Zip Code

39422-0527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jasper General Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589053

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Putt

Mailing Address 2500 North State Street

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals and  
Health System

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589054

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. Kent Rogers

Mailing Address 835 Medical Center Drive

City

West Point

State

MS

Zip Code

39773-9320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clay County Medical Corpo-  
ration

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589056

Amount of Each Receipt this Period

405.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James P Alender

Mailing Address 2601 Greentree Lane

City

Kokomo

State

IN

Zip Code

46902-2951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard Regional Health Sys-  
tem

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17589158

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J Brody

Mailing Address 1805 Braeburn Drive

City

Carmel

State

IN

Zip Code

46032-8364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSFHS - St. Francis Hospi-  
tal and Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17589176

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Crawford

Mailing Address 700 Forest Drive

City

Frankfort

State

IN

Zip Code

46041-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Frankfort Hos-  
pital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17589184

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kyle De Fur, , FACHE

Mailing Address 6262 S. Hunters Run

City

Pendleton

State

IN

Zip Code

46064-8708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Indianapolis  
Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17589187

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bradford W Dykes

Mailing Address 104 Windamere Circle

City

Bedford

State

IN

Zip Code

47421-9604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bedford Regional Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17589195

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Charles C Hedde, , M.D.

Mailing Address 129 Lakewood Drive

City

Vincennes

State

IN

Zip Code

47591-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Hospital

Occupation  
Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17589240

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Katherine Humphreys

Mailing Address 502 N. Ironwood Drive

City

South Bend

State

IN

Zip Code

46615-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Health

Occupation

Chief Advocacy Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17589247

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James J. Myers

Mailing Address 2626 Windermere Woods Drive

City

Bloomington

State

IN

Zip Code

47401-5451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bloomington Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17589279

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Martin Padgett

Mailing Address 1606 Fox Run Trail

City

Jeffersonville

State

IN

Zip Code

47130-8204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clark Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17589287

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jon D. Rahman, M.D.

Mailing Address 418 Burlington Lane

City

Carmel

State

IN

Zip Code

46032-9162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Health

Occupation

Chief Medical Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: 17589294

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brian Tabor

Mailing Address 10762 Forest Lake Court

City

Indianapolis

State

IN

Zip Code

46278-9610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Hospital Associat-  
ion

Occupation

Vice President of Government Relations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: 17589324

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas J. VanOsdol

Mailing Address 13772 Wyandotte Place

City

Fishers

State

IN

Zip Code

46038-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint John's Health System

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: 17589328

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

775.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Steven J West

Mailing Address 314 E. Hickory Grove

City

Hartford City

State

IN

Zip Code

47348-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blackford Community Hospi-  
tal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	0	9

Transaction ID: 17589336

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Bruce D Begley

Mailing Address 1305 North Elm Street

City

Henderson

State

KY

Zip Code

42420-2783

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Methodist Hospital

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: 17589879

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael T. Rust

Mailing Address 937 Woodland Heights Drive

City

Louisville

State

KY

Zip Code

40245-5219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Hospital Associa-  
tion

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: 17589881

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Milton Brooks

Mailing Address 850 Riverview Avenue

City

Pineville

State

KY

Zip Code

40977-1430

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Pineville Community Hospi-  
tal Associati

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: 17589883

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Greg Kiser

Mailing Address P O Box 769

City

Louisa

State

KY

Zip Code

41230-0769

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Three Rivers Medical Cent-  
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: 17589885

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Connie Smith

Mailing Address P O Box 90010

City

Bowling Green

State

KY

Zip Code

42102-9010

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medical Center at Bowling  
Green, The

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: 17589886

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Susan Stout Tamme, , FACHE

Mailing Address 4000 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4605

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Baptist Hospital EastOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: 17589887

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harold C Warman, , Jr., FAC

Mailing Address P O Box 668

City

Prestonsburg

State

KY

Zip Code

41653-0668

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Highlands Regional Medical  
CenterOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: 17589888

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

John A Johnson

Mailing Address 200 Abraham Flexner Way

City

Louisville

State

KY

Zip Code

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Jewish Hospital & St. Mar-  
y's HealthCarOccupation  
VP/General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: 17589889

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Laird

Mailing Address 211 Coralberry Road

City

Louisville

State

KY

Zip Code

40207-5712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589890

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Teresa O Booher

Mailing Address 5000 KY Route 321

City

Prestonsburg

State

KY

Zip Code

41653-9113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highlands Regional Medical  
Center

Occupation

VP/Patient Care Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589891

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles D Lovell, Jr.

Mailing Address 101 Hospital Drive

City

Princeton

State

KY

Zip Code

42445-0410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caldwell County Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589892

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Julian L. Shapero

Mailing Address 217 East Chestnut Street

City

Louisville

State

KY

Zip Code

40202-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewish Hospital & St. Mar-  
y's HealthCare

Occupation

Board Chair-Elect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589896

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David L Gray

Mailing Address 913 North Dixie Avenue

City

Elizabethtown

State

KY

Zip Code

42701-2599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hardin Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589898

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Robin S Gray

Mailing Address 506 S. Maple St

City

Elizabethtown

State

KY

Zip Code

42701-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hardin Memorial Hospital

Occupation

Homemaker/CEO Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589901

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms James R Morris, M.D.

Mailing Address 1000 St. Christopher Drive

City

Ashland

State

KY

Zip Code

41101-7034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Our Lady of Bellefonte Ho-  
spital

Occupation

Interim VP / Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589909

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Charles Black

Mailing Address P O Box 1310

City

Mount Vernon

State

KY

Zip Code

40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockcastle Hospital and  
Respiratory Ca

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589915

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen A Estes

Mailing Address P O Box 1310

City

Mount Vernon

State

KY

Zip Code

40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockcastle Hospital and  
Respiratory Ca

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589917

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeff Smitherm

Mailing Address 145 Newcomb Avenue

City

Mount Vernon

State

KY

Zip Code

40456-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockcastle Hospital and  
Respiratory Ca

Occupation

Director of Respiratory Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589919

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Sommers

Mailing Address 2006 Irving Street

City

Beatrice

State

NE

Zip Code

68310-2265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beatrice Community Hospital  
and Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: 17592883

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Earl N Sheehy

Mailing Address 268 W. Sloup Dr

City

Wahoo

State

NE

Zip Code

68066-0185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saunders Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595386

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas G. Vang

Mailing Address 502 Harwood Drive

City

Fargo

State

ND

Zip Code

58104-6276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MeritCare Health System

Occupation

Senior Executive for Strategic Develop

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595390

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Davis

Mailing Address 4414 Manchester Court

City

Norman

State

OK

Zip Code

73072-3915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595400

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Cynthia Duncan

Mailing Address 1115 East Jasmine

City

Frederick

State

OK

Zip Code

73542-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Hospital and Phy-  
sician Group

Occupation

Director, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595401

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. LaWanna Halstead, RN, MPH

Mailing Address 4000 Lincoln Boulevard

City

Oklahoma City

State

OK

Zip Code

73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

VP, Quality & Clinical Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595408

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Linda Jones

Mailing Address 122 North 12th Street

City

Frederick

State

OK

Zip Code

73542-5629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Hospital and Phy-  
sician Group

Occupation

Nursing Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595414

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sheryl R. McLain, MS

Mailing Address 2301 Steeplechase Road

City

Edmond

State

OK

Zip Code

73034-5893

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595418

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James D Moore, , FACHE

Mailing Address 1201 Health Center Parkway

City State Zip Code  
 Yukon OK 73099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INTEGRIS Canadian Valley  
 Regional Hosp

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595420

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rick Snyder

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
 Oklahoma City OK 73105-5207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Oklahoma Hospital Associa-  
 tion

Occupation  
 VP, Finance & Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595424

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Gloria Thurman

Mailing Address 319 East Josephine

City State Zip Code  
 Frederick OK 73542-2220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Memorial Hospital and Phy-  
 sician Group

Occupation  
 Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595425

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Winters

Mailing Address 7750 N Chisholm Hill Rd

City

Yukon

State

OK

Zip Code

73099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oklahoma Hospital Associa-  
tion

Occupation

Vice President Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: 17595432

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry J Archbell

Mailing Address 3100 East Fletcher Avenue

City

Tampa

State

FL

Zip Code

33613-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Community Hosp-  
ital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17597938

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy Barber

Mailing Address 801 6th Street S

City

St. Petersburg

State

FL

Zip Code

33701-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
All Children's Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17597940

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clifford J. Bauer

Mailing Address 401 North West 131st Avenue

City State Zip Code  
 Plantation FL 33325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Ridge Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 9

Transaction ID: 17597958

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Belcher

Mailing Address Rt. 15, Box 241

City State Zip Code  
 Tallahassee FL 32311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Hospital Associat-  
ion

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 9

Transaction ID: 17597964

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Philip E. Boyce

Mailing Address 3563 Phillips Highway  
Suite 101

City State Zip Code  
 Jacksonville FL 32207-5663

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baptist Health

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 9

Transaction ID: 17597974

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

1620.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sue G Brody

Mailing Address 701 Sixth Street South

City

Saint Petersburg

State

FL

Zip Code

33701-4891

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bayfront Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	9

Transaction ID: 17598039

Amount of Each Receipt this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John R. Brownlow

Mailing Address 5608 Bear Lake Circle

City

Apopka

State

FL

Zip Code

32703-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	9

Transaction ID: 17598040

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary Carnes

Mailing Address 801 Sixth Street South

City

Saint Petersburg

State

FL

Zip Code

33701-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
All Children's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	9

Transaction ID: 17598046

Amount of Each Receipt this Period

610.00

SUBTOTAL of Receipts This Page (optional) .....

2060.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Paul Clark

Mailing Address Munroe regional Medical Center  
PO Box 6000

City State Zip Code  
Ocala FL 34478

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Munroe Regional Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598052

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy W Cook

Mailing Address P O Box 9400

City State Zip Code  
Sebring FL 33871-9400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Hospital Heartland  
Medical Cen

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598056

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha DeCastro

Mailing Address 1036 Alameda Drive

City State Zip Code  
Tallahassee FL 32317-9577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Hospital Associat-  
ion

Occupation  
VP, Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598058

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Robin DeLaVergne

Mailing Address 37 Aegean Avenue

City

Tampa

State

FL

Zip Code

33606-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

Vice President, Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598061

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Dell Uomo

Mailing Address 1210 South Old Dixie Highway

City

Jupiter

State

FL

Zip Code

33458-7205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jupiter Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598062

Amount of Each Receipt this Period

220.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald D Evans

Mailing Address 1395 South Pinellas Avenue

City

Tarpon Springs

State

FL

Zip Code

34689-3790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Helen Ellis Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598080

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Robert Galloway

Mailing Address 1350 South Hickory Street

City

Melbourne

State

FL

Zip Code

32901-3278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holmes Regional Medical  
Center

Occupation

Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598085

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Larry F Garrison

Mailing Address 6450 US Highway 1

City

Rockledge

State

FL

Zip Code

32955-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health First, Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598087

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Larry E. Hanan

Mailing Address 4410 Endicott Place

City

Tampa

State

FL

Zip Code

33624-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Community Heal-  
th

Occupation

Corporate VP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598110

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Marianne Hillegass

Mailing Address 3561 Sanctuary Blvd.

City

Jacksonville

State

FL

Zip Code

32250-2571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Medical Center

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598115

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lars Houmann

Mailing Address 601 East Rollins Street

City

Orlando

State

FL

Zip Code

32803-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598147

Amount of Each Receipt this Period

1360.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sally Houston

Mailing Address 6528 Surfside Blvd.

City

Apollo Beach

State

FL

Zip Code

33572-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598152

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1860.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Lee Huntley

Mailing Address 600 East Dixie Ave

City

Leesburg

State

FL

Zip Code

34748-5925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Florida Regional  
Hospital

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598153

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffery Hurst

Mailing Address 533 Northridge Drive

City

Altamonte Springs

State

FL

Zip Code

32714-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital-Altamonte

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598154

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Melanie Husk

Mailing Address 10734 Waverley Bluff Way

City

Jacksonville

State

FL

Zip Code

32223-6683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health

Occupation

VP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598155

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard M Irwin, Jr.

Mailing Address 501 Lake Street

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Central

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598156

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sally Jackson

Mailing Address 8250 College Parkway  
Suite 103

City

Fort Myers

State

FL

Zip Code

33919-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lee Memorial Health System

Occupation

System Director of Community Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598158

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Donald L Jernigan, Ph.D.

Mailing Address 111 North Orlando Avenue

City

Winter Park

State

FL

Zip Code

32789-3675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adventist Health System  
Sunbelt Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598159

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Warren E Jones

Mailing Address 1300 Miccosukee Road

City

Tallahassee

State

FL

Zip Code

32308-5054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Memorial Heal-  
thCare

Occupation

Vice President and Chief Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598162

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Jay Kuhns

Mailing Address 6437 Alcester Drive

City

New Port Richey

State

FL

Zip Code

34655-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
All Children's Hospital

Occupation

VP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598166

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Keith Lundquist

Mailing Address 1600 Sunny Brook Lane

City

Palm Bay

State

FL

Zip Code

32905-6527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health First, Inc.

Occupation

VP, Marketing & Community Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598175

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lorraine L. Lutton

Mailing Address 6508 North River Boulevard

City

Tampa

State

FL

Zip Code

33604-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598176

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lloyd Maliner

Mailing Address 11113 Blackhawk Road

City

Davie

State

FL

Zip Code

33328-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Healthcare System

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598177

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Mason

Mailing Address 3909 Snapper Pointe Drive

City

Tampa

State

FL

Zip Code

33611-1030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BayCare Health System

Occupation

President & CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598178

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jean Mayer

Mailing Address 2408 W. Watrous Avenue

City

Tampa

State

FL

Zip Code

33629-5343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

Vice President for Strategic Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598181

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael D Means

Mailing Address 6450 US Highway 1

City

Rockledge

State

FL

Zip Code

32955-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health First, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598184

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Mikitarian, Jr.

Mailing Address 951 North Washington Avenue

City

Titusville

State

FL

Zip Code

32796-2163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parrish Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598187

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr James Mondello

Mailing Address 1204 NW Winters Creek Rd

City

Palm City

State

FL

Zip Code

34990-8086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Memorial Health Systems

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598190

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen Murray

Mailing Address 13286 Stone Pond Drive

City

Jacksonville

State

FL

Zip Code

32224-1622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Medical Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598195

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Richard Mutarelli

Mailing Address P O Box 6000

City

Ocala

State

FL

Zip Code

34478-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Munroe Regional Medical Center

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598196

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Deana L. Nelson

Mailing Address Post Office Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

Sr. Vice President, Patient Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598197

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr James Orr

Mailing Address 2968 SE Southview Dr

City

Stuart

State

FL

Zip Code

34996-4944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Memorial Health Systems

Occupation

Trustee

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598219

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David Ottati

Mailing Address 60 Memorial Medical Parkway

City

Palm Coast

State

FL

Zip Code

32164-5980

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital-Flagler

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598220

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terry R. Owen

Mailing Address 2520 Fox Squirrel Court

City

Apopka

State

FL

Zip Code

32712-2513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598221

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Judith Ploszek

Mailing Address 2863 Bayshore Trails Drive

City

Tampa

State

FL

Zip Code

33611-5525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598230

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Cal Popovich

Mailing Address 801 Sixth Street South

City

Saint Petersburg

State

FL

Zip Code

33701-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
All Children's Hospital

Occupation

Vice President Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598231

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Diane S. Raines

Mailing Address 4090 San Jose Boulevard

City

Jacksonville

State

FL

Zip Code

32207-6063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598236

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. C. B. Rebsamen, MD

Mailing Address 18201 Chesapeake Ct.

City

Fort Myers

State

FL

Zip Code

33908-4676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lee Memorial Hospital

Occupation

Chief Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598237

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Mike Robertson

Mailing Address P. O. Box 6000

City

Ocala

State

FL

Zip Code

34478-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Munroe Regional Medical  
Center

Occupation

VP Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598445

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

710.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark E. Robitaille

Mailing Address 53 S. River Road

City

Stuart

State

FL

Zip Code

34996-6723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Memorial Health Sys-  
tems

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598446

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Chris Roederer

Mailing Address 615 Riviera Dunes Way #107

City

Palmetto

State

FL

Zip Code

34221-7145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

Vice President for Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598447

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick A Schlenker

Mailing Address P O Box 889

City

Chipley

State

FL

Zip Code

32428-0889

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Florida Communi-  
ty Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598522

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Mike Schultz

Mailing Address 1437 Langham Terrace

City

Lake Mary

State

FL

Zip Code

32746-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital

Occupation

CEO Florida Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598524

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Kathi Sengin

Mailing Address 502 South Fremont Ave, Apt. 3

City

Tampa

State

FL

Zip Code

33606-2068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

Senior VP/ CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598939

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerry Senne

Mailing Address 1350 S. Hickory St.

City

Melbourne

State

FL

Zip Code

32901-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holmes Regional Medical  
Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598940

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terry Shaw

Mailing Address 111 North Orlando Avenue

City

Fort Worth

State

FL

Zip Code

32789-3675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adventist Health System  
Sunbelt Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17598941

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Steven Short

Mailing Address P O Box 1289

City

Tampa

State

FL

Zip Code

33601-1289

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa General Hospital

Occupation

Executive VP, Finance and Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17599130

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Claudia Sokolowski

Mailing Address 801 6th Street S

City

St. Petersburg

State

FL

Zip Code

33701-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
All Children's Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17599134

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Eddie Soler

Mailing Address 250 Kentucky blue Circle

City

Apopka

State

FL

Zip Code

32712-4767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17599138

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Sweeney

Mailing Address 1706 Huntington Court

City

Safety Harbor

State

FL

Zip Code

34695-5635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BayCare Health System

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17599159

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daryl Tol

Mailing Address 701 West Plymouth Avenue

City

Deland

State

FL

Zip Code

32720-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Hospital - De Land

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17599163

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Robert Weissman

Mailing Address 1212 NW Winters creek Rd

City

Palm City

State

FL

Zip Code

34990-8086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Memorial Health Sy-  
stems

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17599169

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Terri Wentz

Mailing Address 1210 South Old Dixie Highway

City

Jupiter

State

FL

Zip Code

33458-7299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jupiter Medical Center

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17599170

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Wayne Wray

Mailing Address 350 2nd St. North #5

City

Saint Petersburg

State

FL

Zip Code

33701-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
All Children's Hospital

Occupation  
Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

Transaction ID: 17599175

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roy Wright, , FACHE

Mailing Address P O Box 320069

City

Cocoa Beach

State

FL

Zip Code

32932-0069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cape Canaveral Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	9

Transaction ID: 17599176

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Frank Zappala

Mailing Address 7017 SE Harbor Circle

City

Stuart

State

FL

Zip Code

34996-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Memorial Hospital  
South

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	9

Transaction ID: 17599178

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Daria Martin

Mailing Address 995 Ravine Road North

City

Switzerland

State

FL

Zip Code

32259-9034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Medical Center

Occupation

Auxilian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Transaction ID: 17599803

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Gessel

Mailing Address 1850 Bluegrass Avenue

City

Louisville

State

KY

Zip Code

40215-1199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sts. Mary & Elizabeth Hos-  
pital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17599820

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Chris Carle

Mailing Address 238 Barnes Road

City

Williamstown

State

KY

Zip Code

41097-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Elizabeth Medical Cen-  
ter-Grant Cou

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17599830

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Herb B. Kuhn

Mailing Address 5310 Saddlebrooke Lane

City

Lohman

State

MO

Zip Code

65053-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 17599836

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ben Vincent, , FACHE

Mailing Address 149 Marple Drive

City

Heaters

State

WV

Zip Code

26627-9603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Braxton County Memorial  
Hospital

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17599838

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Glenn Crotty, , Jr., M.D

Mailing Address 36E Coventry Road

City

South Charleston

State

WV

Zip Code

25309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charleston Area Medical  
Center

Occupation  
Executive Vice President and Chief Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17599946

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Larry C Hudson

Mailing Address 5035 Bennington Drive

City

Cross Lanes

State

WV

Zip Code

25313-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charleston Area Medical  
Center

Occupation  
Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17599947

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David L Ramsey

Mailing Address 20 Wildacre Road

City

Charleston

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charleston Area Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17599949

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Robert D Whittler

Mailing Address 5 Evergreen Drive

City

Elkview

State

WV

Zip Code

25071-9314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charleston Area Medical  
Center

Occupation

Vice President Government and Community

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17599951

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Doak

Mailing Address Rt. 1 Box 180

City

Beverly

State

WV

Zip Code

26253-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davis Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17599953

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Perich

Mailing Address 905 Riverview Drive

City

Fairmont

State

WV

Zip Code

26554-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairmont General Hospital

Occupation

Vice President Human Resources and Leg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17599980

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Todd Campbell

Mailing Address 125 Water Side Circle

City

Winfield

State

WV

Zip Code

25213-9551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Medical Center

Occupation

Senior VP & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17599997

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Tyson Smith

Mailing Address 14 Fairway Drive

City

Huntington

State

WV

Zip Code

25705-2149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Medical Center

Occupation

Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17600004

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Evelyn Letnaunchyn

Mailing Address 225 Ariel Heights

City

Charleston

State

WV

Zip Code

25311-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17600005

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John R Brennan, M.D.

Mailing Address 3 Castle Court

City

Randolph

State

NJ

Zip Code

07869-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Barnabas Health Care  
System

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17600010

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dale A. Creamer

Mailing Address 101 East Broadway

City

Hackensack

State

NJ

Zip Code

07601-6851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Name Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17600014

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John E. Graydon

Mailing Address 93 Matlack Drive

City

Voorhees

State

NJ

Zip Code

08043-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virtua Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17600016

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leslie D. Hirsch

Mailing Address 28 Macckenzie Lane North

City

Denville

State

NJ

Zip Code

07834-3724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Clare's Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17600018

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen K. Jones

Mailing Address 98 Providence Boulavard

City

Kendall Park

State

NJ

Zip Code

08824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robert Wood Johnson Unive-  
rsity Hospita

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17600020

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Barry Ostrowsky

Mailing Address 448 Harding Drive

City

South Orange

State

NJ

Zip Code

07079-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Barnabas Health Care  
System

Occupation

Executive Vice President and General C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17600021

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Steven A Rose

Mailing Address 17861 Meadow Drive

City

Bridgeville

State

DE

Zip Code

19933-3978

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nanticoke Memorial Hospit-  
al

Occupation

Chief Nursing Officer& COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17602837

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert J Laskowski, M.D.

Mailing Address P O Box 1668

City

Wilmington

State

DE

Zip Code

19899-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Christiana Care Health Sy-  
stem

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17602841

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William T Richardson

Mailing Address Drawer 747

City

Tifton

State

GA

Zip Code

31793-0747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tift Regional Medical Cen-  
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 17605287

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John R Hicks

Mailing Address 1600 Prairie Center Parkway

City

Brighton

State

CO

Zip Code

80601-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Platte Valley Medical Cen-  
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 17605600

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael L. Fordyce

Mailing Address 1999 Broadway  
Suite 2605

City

Denver

State

CO

Zip Code

80202-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Craig Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

Transaction ID: 17605645

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary-Anne Ponti

Mailing Address 3070 Morford Road

City

Petoskey

State

MI

Zip Code

49770-9234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Michigan Regional  
Hospital

Occupation

Chief Nurse Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606040

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Ann Hewston

Mailing Address 10501 State Hwy 285

City

Conneaut Lake

State

PA

Zip Code

16316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meadville Medical Center

Occupation

Director, Rehabilitative Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606041

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Curren

Mailing Address 223 Franklin St.

City

Reading

State

MA

Zip Code

01867-1030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation

Sr. VP of Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606047

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael E. Sroczynski, Esq.

Mailing Address 681 East 5th Street  
#2

City State Zip Code  
Boston MA 02127-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation  
Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606050

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul W. Allison

Mailing Address 36 Mitchell Grant

City State Zip Code  
Bedford MA 01730-1264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cambridge Health Alliance

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606054

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Eric J. Beyer

Mailing Address 641 Salem End Road

City State Zip Code  
Framingham MA 01702-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Medical Center

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606055

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Linda Bodenmann

Mailing Address 363 Highland Avenue

City

Fall River

State

MA

Zip Code

02720-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southcoast Hospitals Group

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606056

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Burke

Mailing Address 1561 Quaker Street

City

Northbridge

State

MA

Zip Code

01534-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Auburn Hospital

Occupation

V.P. Contracting & Bus. Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606057

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Charles Gijanto

Mailing Address 38 Captain Lathrop Dr

City

South Deerfield

State

MA

Zip Code

01373-1105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baystate Franklin Medical  
Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606058

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr William Grigg

Mailing Address 363 Highland Avenue

City

Fall River

State

MA

Zip Code

02720-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southcoast Hospitals Group

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606064

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Keith A. Hovan

Mailing Address 316 Marys Pond Rd

City

Rochester

State

MA

Zip Code

02770-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southcoast Hospitals Group

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606065

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr William Ibbotson

Mailing Address 43 Seven Hills Road

City

Plymouth

State

MA

Zip Code

02360-4633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Hospital Northeast-Stoughton

Occupation

Director Patient Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606066

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Iseke, M.D.

Mailing Address P O Box 189

City

Lawrence

State

MA

Zip Code

01842-0389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winchester Hospital

Occupation

Vice President, Medical Affairs & CMO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606067

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Deborah C. Joelson

Mailing Address 800 Washington Street, #451

City

Boston

State

MA

Zip Code

02111-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Medical Center

Occupation

Sr VP/Market Development and Planning

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606068

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dennis D Keefe

Mailing Address 35 Warthin Circle

City

Norwood

State

MA

Zip Code

02062-5667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cambridge Health Alliance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606069

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward Kelly

Mailing Address 14 Prospect Street

City

Milford

State

MA

Zip Code

01757-3090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milford Regional Medical  
Center

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	9	

Transaction ID: 17606070

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dale M Lodge

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winchester Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	9	

Transaction ID: 17606071

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Eugene McMahon, , M.D.

Mailing Address 363 Highland Avenue

City

Fall River

State

MA

Zip Code

02720-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southcoast Hospitals Group

Occupation

Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	9	

Transaction ID: 17606072

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Kathy Schuler

Mailing Address 1 Alpine Circle

City

Wakefield

State

MA

Zip Code

01880-1544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winchester Hospital

Occupation  
CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606080

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William J. Shickolovich

Mailing Address 585 Sharpners Pond Road

City

North Andover

State

MA

Zip Code

01845-3335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Medical Center

Occupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606081

Amount of Each Receipt this Period

280.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter L. Slavin, M.D.

Mailing Address 55 Fruit Street

City

Boston

State

MA

Zip Code

02114-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General Hos-  
pital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606082

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1030.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Kevin Smith

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winchester Hospital

Occupation

Vice President Finance & Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606083

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Catherine B. Squires, CFRE

Mailing Address 800 Washington Street, #231

City

Boston

State

MA

Zip Code

02111-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Medical Center

Occupation

Vice President for Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606084

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey A Weinstein

Mailing Address 22 Nathan Lord Road

City

Amherst

State

MA

Zip Code

0301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Medical Center

Occupation

Sr. Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606086

Amount of Each Receipt this Period

280.00

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Gerlach

Mailing Address 345 Tenth Avenue

City

Granite Falls

State

MN

Zip Code

56241-1499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Granite Falls Municipal  
Hospital and M

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606136

Amount of Each Receipt this Period

65.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James F Hanko

Mailing Address 1300 Anne St. NW

City

Bemidji

State

MN

Zip Code

56601-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Country Regional Ho-  
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606137

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Maertens

Mailing Address 300 South Bruce Street

City

Marshall

State

MN

Zip Code

56258-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avera Marshall Regional  
Medical Center

Occupation

Director, Community Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606139

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Terence Pladson, M.D.

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CentraCare Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606141

Amount of Each Receipt this Period

95.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jon D Braband

Mailing Address 1805 Hennepin Avenue North

City

Glencoe

State

MN

Zip Code

55336-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glencoe Regional Health  
Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606149

Amount of Each Receipt this Period

95.00

**C.**

Full Name (Last, First, Middle Initial)

Ryan C Larsen

Mailing Address 925 Reavis Street

City

Falls City

State

NE

Zip Code

68355-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

Transaction ID: 17608323

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Peter W Siersma

Mailing Address P.O. Box 765

City

Williamsburg

State

MA

Zip Code

01096-0765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cooley Dickinson HospitalOccupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	9	

Transaction ID: 17608612

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Keith C. McLean-Shinaman

Mailing Address 53n Hayes Road

City

Tariffville

State

CT

Zip Code

06081-9631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baystate Health, Inc.Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	9	

Transaction ID: 17616580

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter J Holden

Mailing Address 275 Sandwich Street

City

Plymouth

State

MA

Zip Code

02360-2183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jordan HospitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	9	

Transaction ID: 17616581

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional) .....

775.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gary L. Gottlieb, M.D.

Mailing Address 75 Francis Street

City

Boston

State

MA

Zip Code

02115-6106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brigham and Women's Hospi-  
tal

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616582

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dennis W. Chalke

Mailing Address 80 Jonquil Lane

City

Longmeadow

State

MA

Zip Code

01106-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baystate Medical Center

Occupation  
Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616583

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Jordan, III

Mailing Address 2014 Washington Street

City

Newton Lower Falls

State

MA

Zip Code

02462-1699

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newton-Wellesley Hospital

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616586

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Jellinek, M.D.

Mailing Address 2014 Washington Street

City

Newton Lower Falls

State

MA

Zip Code

02462-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newton-Wellesley Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616587

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert G Norton, , CHE

Mailing Address 81 Highland Avenue

City

Salem

State

MA

Zip Code

01970-2768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616590

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Darren Caldwell

Mailing Address P O Box 32

City

De Witt

State

AR

Zip Code

72042-0032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DeWitt Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616598

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional) .....

1127.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James David Cicero

Mailing Address P O Box 797

City

Camden

State

AR

Zip Code

71701-0797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ouachita Medical Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616599

Amount of Each Receipt this Period

325.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Tina Creel

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616600

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Cunningham

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tion

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616601

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Gant

Mailing Address 25 White Oak Drive

City

Conway

State

AR

Zip Code

72034-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conway Regional Medical  
Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616604

Amount of Each Receipt this Period

227.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell D. Harrington, , Jr., FAC

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conway Regional Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616605

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ray Kordsmeier

Mailing Address 1023 Oak St.

City

Conway

State

AR

Zip Code

72032-4354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conway Regional Medical  
Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616607

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward L. Lacy, , FACHE

Mailing Address 2319 Hwy. 110 West

City

Heber Springs

State

AR

Zip Code

72543-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health Medical Ce-  
nter-Heber Sp

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616609

Amount of Each Receipt this Period

227.50

**B.**

Full Name (Last, First, Middle Initial)

Mr Terry R Lambert

Mailing Address PO Box 839

City

Walnut Ridge

State

AR

Zip Code

72476-0839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lawrence Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616610

Amount of Each Receipt this Period

227.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter Leer, , FACHE

Mailing Address 620 N Willow St.

City

Harrison

State

AR

Zip Code

72601-2994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAMS Medical Center

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616614

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional) .....

682.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Debbie Love

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tion

Occupation

Director of Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616615

Amount of Each Receipt this Period

260.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Mark Lowman

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health

Occupation

Vice President Strategic Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616616

Amount of Each Receipt this Period

227.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. James L. Magee

Mailing Address 1206 Gordon Duckworth Drive

City

Piggott

State

AR

Zip Code

72454-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piggott Community Hospital

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616617

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional) .....

715.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mike McCoy

Mailing Address 1808 West Main Street

City

Russellville

State

AR

Zip Code

72801-2724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Mary's Regional Med-  
ical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616618

Amount of Each Receipt this Period

227.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harold E Mitchell, Jr.

Mailing Address 404 South Bradley Street

City

Warren

State

AR

Zip Code

71671-3493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bradley County Medical Ce-  
nter

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616620

Amount of Each Receipt this Period

227.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. Larry Morse

Mailing Address P O Box 738

City

Clarksville

State

AR

Zip Code

72830-0738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johnson Regional Medical  
Center

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616621

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional) .....

682.50

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer Nolan

Mailing Address 21 Bridgeway Road

City

North Little Rock

State

AR

Zip Code

72113-9514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BridgeWay, The

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	9	

Transaction ID: 17616622

Amount of Each Receipt this Period

227.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ben E. Owens, FACHE

Mailing Address Post Office Box 9320

City

Jonesboro

State

AR

Zip Code

72403-9320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Bernards Medical Center

Occupation

President &amp; Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	9	

Transaction ID: 17616623

Amount of Each Receipt this Period

227.50

**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott Peek

Mailing Address Highway 10 at Detroit

City

Danville

State

AR

Zip Code

72833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chambers Memorial Hospital

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	9	

Transaction ID: 17616624

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional) .....

780.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Herbert K. Reamey, III, FACHE

Mailing Address P O Box 206

City

Magnolia

State

AR

Zip Code

72031-0206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ozark Health Medical Cent-  
er

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616625

Amount of Each Receipt this Period

227.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald K Rooney, , FACHE

Mailing Address P O Box 339

City

Paragould

State

AR

Zip Code

72451-0339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Methodist Medical  
Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616626

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Rosi Smith

Mailing Address 800 Marshall Street

City

Little Rock

State

AR

Zip Code

72202-3591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Children's Hospi-  
tal

Occupation

Government Relations Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616628

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional) .....

780.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Scott Williams

Mailing Address 100 Rivendell Drive

City

Benton

State

AR

Zip Code

72019-9188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rivendell Behavioral Heal-  
th Services o

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616629

Amount of Each Receipt this Period

227.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jim Boote

Mailing Address 2490 London Lane

City

Vineland

State

NJ

Zip Code

08361-7740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Jersey Healthcare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616635

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.78

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616653

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

482.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616654

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gordon N. Litwin

Mailing Address 63 Borden Place

City

Little Silver

State

NJ

Zip Code

07739-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meridian Health

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616660

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Hood

Mailing Address P O Box 404

City

Bangor

State

ME

Zip Code

04402-0404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Maine Healthcare  
Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: 17616675

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

505.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary C. Mayhew

Mailing Address 150 Capitol Street

City

Augusta

State

ME

Zip Code

04330-6858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Hospital Association

Occupation

Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: 17616676

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Marshall, III

Mailing Address 3409 North Broad Street, 9th Floor

City

Philadelphia

State

PA

Zip Code

19140-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Temple University Health  
System

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: 17618678

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark R Tolosky, , FACHE, J

Mailing Address 759 Chestnut Street

City

Springfield

State

MA

Zip Code

01199-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baystate Health, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: 17621781

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Donald J Dragon

Mailing Address 135 Forrest Street #9

City

Plaistow

State

NH

Zip Code

03865-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Hospital Northeas-  
t-Stoughton

Occupation

Clinical Liaison

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: 17621782

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy F. Gens

Mailing Address 5 New England Executive Park

City

Burlington

State

MA

Zip Code

01803-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: 17621783

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: 17621799

Amount of Each Receipt this Period

43.75

**SUBTOTAL** of Receipts This Page (optional) .....

538.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Landon

Mailing Address 611 Belridge Drive  
P.O. Box 60

City State Zip Code  
Jefferson City MO 65109-0755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation  
Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: 17621818

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Waye

City State Zip Code  
Jefferson City MO 65101-8284

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation  
Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: 17621824

Amount of Each Receipt this Period

43.75

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jerry M. Sill, J.D.

Mailing Address 2906 Valley View Terrace

City State Zip Code  
Jefferson City MO 65109-1069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation  
Senior Vice President & General Counse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: 17621826

Amount of Each Receipt this Period

43.75

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City

Jefferson City

State

MO

Zip Code

65101-8275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: 17621827

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Ferniany

Mailing Address 500 22nd Street South, Ste. 40

City

Birmingham

State

AL

Zip Code

35233-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAB Health System

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 17623948

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Waldrum, M.D.

Mailing Address 619 South 19th Street

City

Birmingham

State

AL

Zip Code

35233-6505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Alabama Hos-  
pital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 17623949

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1875.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr Nancy Johns

Mailing Address 2749 Southwood Road

City

Birmingham

State

AL

Zip Code

35223-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kirkland Clinic at UAB

Occupation

Chief Of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 17623950

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Talana Bell

Mailing Address P O Box 6907

City

Dothan

State

AL

Zip Code

36302-6907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Flowers Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 17623951

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Robert H Cofield

Mailing Address 202 Morris Blvd.

City

Birmingham

State

AL

Zip Code

35209-5121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAB Highlands

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 17623952

Amount of Each Receipt this Period

337.00

**SUBTOTAL** of Receipts This Page (optional) .....

1337.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Don Hogan

Mailing Address 199 Wesobulga Street

City

Lineville

State

AL

Zip Code

36266-4743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clay County Hospital

Occupation

Pharmacy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 17623954

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald Henderson

Mailing Address 8213 Marsh Pointe Drive

City

Montgomery

State

AL

Zip Code

36117-7432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson Hospital and Clin-  
ic

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 17623955

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mike McCafferty

Mailing Address 1401 West Fifth Street

City

Sheridan

State

WY

Zip Code

82801-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sheridan Memorial Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: 17628770

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Terry W Andrus

Mailing Address 414 N. 10th Street

City

Opelika

State

AL

Zip Code

36801-5452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629609

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dennis Thrasher

Mailing Address 2190 Springwood Drive

City

Auburn

State

AL

Zip Code

36830-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Asst. VP/Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629610

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Laura Grill

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Vice President, Patient Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629611

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

John T Chitton

Mailing Address 229 Lee Road 716

City

Auburn

State

AL

Zip Code

36830-8534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Vice President/CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629612

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jane Robertson

Mailing Address 2161 Wedgewood Court

City

Auburn

State

AL

Zip Code

36830-2582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Asst. V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629613

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Clark

Mailing Address 13045 Sawyer Drive

City

Opelika

State

AL

Zip Code

36801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629626

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Janice Baker

Mailing Address 1798 Ogletree Road

City

Auburn

State

AL

Zip Code

36830-7258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629627

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carey M. Owen

Mailing Address 2520 Springwood Drive

City

Auburn

State

AL

Zip Code

36830-7236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629628

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Roben Nutter

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36801-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Manager Healthsource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629629

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Carol Murphey

Mailing Address 2710 Rocky Brook Rd.

City

Opelika

State

AL

Zip Code

36801-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Asst. VP/ Outside Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629630

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Lisenby

Mailing Address 807 Laurel Street

City

Opelika

State

AL

Zip Code

36801-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629637

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ken Lott

Mailing Address 1567 Oak Hill Circle

City

Auburn

State

AL

Zip Code

36832-6798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629638

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sam Price

Mailing Address 2000 Pepperell Parkway

City

Opelika

State

AL

Zip Code

36802-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Center

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629639

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank R. Brownell, III

Mailing Address Post Office Box 76  
100 North 10th Street

City

Montezuma

State

IA

Zip Code

50171-0076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grinnell Regional Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629965

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James G FitzPatrick

Mailing Address 11 Hackberry Road

City

Mason City

State

IA

Zip Code

50401-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-North Iowa

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629966

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. Kirk Norris

Mailing Address 5055 Upper Creek Drive

City

Pleasant Hill

State

IA

Zip Code

50327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Hospital Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629967

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Russell M Knight

Mailing Address 250 Mercy Drive

City

Dubuque

State

IA

Zip Code

52001-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Dubu-  
que

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629968

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary P Riedmann, , FACHE

Mailing Address PO BOX 628

City

Carroll

State

IA

Zip Code

51401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Anthony Regional Hosp-  
ital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629969

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dale Andres, D.O.

Mailing Address 3647 North Shore

City

Clear Lake

State

IA

Zip Code

50428-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-North  
Iowa

Occupation

Senior Vice President Physician Integr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629976

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard A Seidler, , FACHE

Mailing Address 1708 Partridge Lane

City

Waterloo

State

IA

Zip Code

50701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allen Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629977

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carol A. Watson, Ph.D., RN

Mailing Address 390 NB  
50 Newton Road

City

Iowa City

State

IA

Zip Code

52242-9296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Iowa College  
of Nursing

Occupation

Professor-Clinical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629978

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Larry W Sellers, , M.D.

Mailing Address P O Box 3168

City

Sioux City

State

IA

Zip Code

51102-3168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Sioux  
City

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629979

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David H Vellinga, , FACHE

Mailing Address 1111 6th Avenue

City

Des Moines

State

IA

Zip Code

50314-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Des  
Moines

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17629980

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas C Evans, M.D.

Mailing Address 1200 Pleasant Street

City

Des Moines

State

IA

Zip Code

50309-1453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Health System

Occupation

Vice President and Chief Medical Offic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630002

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey M Cooper

Mailing Address 1118 11th Street

City

De Witt

State

IA

Zip Code

52742-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis Medical Center,  
DeWitt

Occupation

Vice President, DeWitt Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630003

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric T Crowell

Mailing Address 700 East University Avenue

City

Des Moines

State

IA

Zip Code

50316-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Lutheran Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630004

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William B Leaver

Mailing Address 8409 G24 Hwy

City

Indianola

State

IA

Zip Code

50125-8994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630005

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Shannon Strickler

Mailing Address 1403 66th Street

City

Windsor Heights

State

IA

Zip Code

50311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Hospital Association

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630006

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Theodore E Townsend

Mailing Address P O Box 3026

City

Cedar Rapids

State

IA

Zip Code

52406-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630023

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter W Thoreen

Mailing Address 2720 Stone Park Boulevard

City

Sioux City

State

IA

Zip Code

51104-3795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630024

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John C Sheehan

Mailing Address P O Box 3026

City

Cedar Rapids

State

IA

Zip Code

52406-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's Hospital

Occupation

Executive Vice President and COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630025

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Timothy L Charles

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630026

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Suku Radia

Mailing Address 4800 Stonebridge Circle

City

West Des Moines

State

IA

Zip Code

50265-2982

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630027

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gary S. Kahn

Mailing Address 1104 S. 5th Ave. W.

City

Newton

State

IA

Zip Code

50208-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skiff Medical Center

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630031

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Douglas P Cropper

Mailing Address 804 Wells Fargo Trl

City

Le Claire

State

IA

Zip Code

52753-9398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis Health System

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630032

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dennis A. White

Mailing Address 100 East Graham Avenue  
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Hospital Association

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630070

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca J. Anthony

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Hospital Association

Occupation  
Vice President, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630071

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Greg E. Boattenhamer

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Hospital Association

Occupation  
Sr. Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630072

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Maureen Keehnle

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Hospital Association

Occupation  
Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630073

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Marilyn E. Kaptain-Dahlen

Mailing Address 801 15th Street  
Box 203

City State Zip Code  
Sioux City IA 51105-1502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercy Medical Center-Sioux  
City

Occupation  
Vice President, Regionalization

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630074

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark D Richardson

Mailing Address 1221 South Gear Avenue

City State Zip Code  
West Burlington IA 52655-1681

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Great River Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630075

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Jim Lehman

Mailing Address 3090 Lundy Ln

City State Zip Code  
Bettendorf IA 52722-3975

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Genesis Medical Center-Da-  
venport

Occupation  
VP, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630076

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Barbara C. Peterson

Mailing Address 701 10th St. SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630077

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Clinton J Christianson

Mailing Address 1 St Joseph's Drive

City

Centerville

State

IA

Zip Code

52544-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Cent-  
erville

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630078

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Robert C Travis

Mailing Address 4827 School House Rd

City

Bettendorf

State

IA

Zip Code

52722-6577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis Medical Center-Da-  
venport

Occupation

VP of Strategic Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630079

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional) .....

862.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jay Christiansen

Mailing Address 731 Fox Run Dr

City

Bettendorf

State

IA

Zip Code

52722-3975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mahaska Health Partnership

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630722

Amount of Each Receipt this Period

260.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gregory A Paris, , CHE

Mailing Address 6580 165th Street

City

Albia

State

IA

Zip Code

52531-8793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Monroe County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630723

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph S Smith

Mailing Address 1015 Union Street

City

Boone

State

IA

Zip Code

50036-4898

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boone County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630724

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. A. James Tinker

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630725

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John M. Comstock

Mailing Address 300 Sioux Valley Drive

City

Cherokee

State

IA

Zip Code

51012-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cherokee Regional Medical  
Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17630726

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David M. Miller

Mailing Address Miller Dairy Sales, Ltd.  
Route 2 Box 163

City

Chariton

State

IA

Zip Code

50049-9661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lucas County Health Center

Occupation

Trustee

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631348

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Tom Tibbitts

Mailing Address 802 Kenyon Road

City

Fort Dodge

State

IA

Zip Code

50501-5740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Regional Medical  
CenterOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	9	

Transaction ID: 17631349

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jim Platt

Mailing Address P O Box 174

City

Fort Madison

State

IA

Zip Code

52627-0174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Madison Community Ho-  
spitalOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	9	

Transaction ID: 17631350

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Todd C Linden

Mailing Address 210 Fourth Avenue

City

Grinnell

State

IA

Zip Code

50112-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grinnell Regional Medical  
CenterOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	9	

Transaction ID: 17631351

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Lisa Schnedler

Mailing Address 304 Franklin

City

Keosauqua

State

IA

Zip Code

52565-1164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Van Buren County Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631352

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Allen E Pohren

Mailing Address P O Box 498

City

Red Oak

State

IA

Zip Code

51566-0498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montgomery County Memorial  
Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631360

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sandra L. McIntosh, RN, MA, CN

Mailing Address 1208 Woodland Dr. SE

City

Cedar Rapids

State

IA

Zip Code

52403-9076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's Hospital

Occupation

Director, Emergency Medical/Surgical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631362

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Toni Ebeling

Mailing Address 532 First Street Northwest  
Box 68

City State Zip Code  
Britt IA 50423-1227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hancock County Memorial  
Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631364

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Joseph LeValley

Mailing Address 1111 6th Avenue

City State Zip Code  
Des Moines IA 50314-2611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercy Medical Center-Des  
Moines

Occupation  
Senior Vice President Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631366

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Brian Dieter

Mailing Address 3440 Valley View Road

City State Zip Code  
Ames IA 50014-4613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mary Greeley Medical Cent-  
er

Occupation  
Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631367

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carol E. Twedt

Mailing Address 4344 Pine Ridge Trail NE

City

Iowa City

State

IA

Zip Code

52240-7830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Iowa City

Occupation

Director, Clinical Information Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631378

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Joan Bierman

Mailing Address 300 Sioux Valley Drive

City

Cherokee

State

IA

Zip Code

51012-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cherokee Regional Medical  
Center

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631379

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John E Knox, , FACHE

Mailing Address 350 North Grandview Avenue

City

Dubuque

State

IA

Zip Code

52001-6392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Finley Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631380

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Douglas E Morse

Mailing Address 1000 Fourth Street SW

City

Mason City

State

IA

Zip Code

50401-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-North  
Iowa

Occupation

Senior Vice President Network and Clin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631381

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Marie E Knedler, , R.N.

Mailing Address P O Box 1C

City

Council Bluffs

State

IA

Zip Code

51502-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alegent Health Mercy Hosp-  
ital

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631382

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard L. Deming, MD

Mailing Address 1111 6th Avenue

City

Des Moines

State

IA

Zip Code

50314-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Des  
Moines

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631403

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. David C. Cranston, MD

Mailing Address 210 4th Ave.

City

Grinnell

State

IA

Zip Code

50112-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grinnell Regional Medical  
Center

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631404

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr James Koehler

Mailing Address 3515 Wisconsin Ave

City

Davenport

State

IA

Zip Code

52806-6762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis Medical Center-Da-  
venport

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631405

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Robert McQuillen

Mailing Address 1078 Cedar Ridge Ct.

City

Peosta

State

IA

Zip Code

52068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Dubu-  
que

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631406

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack Dusenbery

Mailing Address 3421 West Ninth Street

City

Waterloo

State

IA

Zip Code

50702-5499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631407

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Croken

Mailing Address 1227 E Rusholme St

City

Davenport

State

IA

Zip Code

52803-2459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis Medical Center-Da-  
venport

Occupation

VP of Corporate Communication&Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631425

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Schmerling

Mailing Address 1056 East 19th Avenue

City

Denver

State

CO

Zip Code

80218-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Children's Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631458

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert H Malte

Mailing Address 8300 West 38th Avenue

City

Wheat Ridge

State

CO

Zip Code

80033-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Exempla Lutheran Medical  
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	9	

Transaction ID: 17631465

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry McEvoy

Mailing Address 1400 East Boulder Street

City

Colorado Springs

State

CO

Zip Code

80909-5533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Health System

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	9	

Transaction ID: 17631470

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Vicki Darnell

Mailing Address 217 S 3rd St.

City

Danville

State

KY

Zip Code

40422-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ephraim McDowell Regional  
Medical Cent

Occupation

Vice President and COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	9	

Transaction ID: 17632180

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary C Carroll

Mailing Address 2585 Falmouth Road

City

Fairlawn

State

OH

Zip Code

44333-4046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron General Health System

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17632242

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lyndon J Christman

Mailing Address 203 Bryn Drive

City

Granville

State

OH

Zip Code

43023-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fayette County Memorial Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17632287

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr James M Sudimack

Mailing Address 2774 Timber Creek Dr. N

City

Cortland

State

OH

Zip Code

44410-1756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio State University Medical Center

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17632288

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Albert Michaels

Mailing Address 14 Greenbrier Avenue

City

Hurricane

State

WV

Zip Code

25526-9296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMC Teays Valley Hospital

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	9

Transaction ID: 17632419

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Claudio Fort

Mailing Address 189 Prouty Drive

City

Newport

State

VT

Zip Code

05855-9326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Country Hospital and  
Health Cent

Occupation

Chief Executive Officer and President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	9

Transaction ID: 17632424

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Helen R. Strieder

Mailing Address 83 Penniman Place

City

Brookline

State

MA

Zip Code

02445-4135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Baptist Hospi-  
tal

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	9

Transaction ID: 17632430

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert A Gundersen

Mailing Address 2001 Washington Street

City

Braintree

State

MA

Zip Code

02184-8658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Hospital Northeast-Braintree

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

Transaction ID: 17632431

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Charnel

Mailing Address 130 Division Street

City

Derby

State

CT

Zip Code

06418-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Griffin Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649179

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brian Cournoyer

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Association

Occupation

Manager, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649192

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Lyon

Mailing Address 12 Wildlife Drive

City

Wallingford

State

CT

Zip Code

06492-5346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649193

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Allan Pinard

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

Assistant Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649195

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Leslie Gianelli

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

Director, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649196

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clarence J Silvia

Mailing Address 81 Meriden Avenue

City

Southington

State

CT

Zip Code

06489-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bradley Memorial

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649197

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr J. Kevin Kinsella

Mailing Address P O Box 5037

City

Hartford

State

CT

Zip Code

06102-5037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hartford Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649198

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter D. Freytag

Mailing Address 151 West Oak Hills Drive

City

Castle Rock

State

CO

Zip Code

80108-9260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bristol Hospital

Occupation

Interim Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649199

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert J Trefry

Mailing Address P O Box 5000

City

Bridgeport

State

CT

Zip Code

06610-0120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bridgeport Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649200

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jane Deane Clark, PhD

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

Senior Director, Healthcare Data

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649236

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James D. Iacobellis

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649237

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Gerard Kiely

Mailing Address 28 Crescent Street

City

Middletown

State

CT

Zip Code

06457-3654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middlesex Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649238

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kimberley K. Hostetler

Mailing Address 31 Prospect Place

City

Bristol

State

CT

Zip Code

06010-5045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649239

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lucille A Janatka

Mailing Address 435 Lewis Avenue

City

Meriden

State

CT

Zip Code

06451-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MidState Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649240

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 115 / 178  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John H Tobin

Mailing Address 64 Robbins Street

City

Waterbury

State

CT

Zip Code

06708-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waterbury Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	9

Transaction ID: 17649265

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen A. Frayne

Mailing Address 411 Old Sherman Hill Road

City

Woodbury

State

CT

Zip Code

06798-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

Senior Vice President, Health Policy

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	9

Transaction ID: 17649266

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joel R. Reich

Mailing Address 71 Haynes Street

City

Manchester

State

CT

Zip Code

06040-4131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Connecticut Health  
Network

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	9

Transaction ID: 17649267

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Marna P Borgstrom

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale-New Haven Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649268

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher M Dadlez

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Francis Care, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649269

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Kurt A Barwis, , CHE, CPA

Mailing Address Brewster Road

City

Bristol

State

CT

Zip Code

06011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bristol Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649270

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Frank J Kelly

Mailing Address 24 Hospital Avenue

City

Danbury

State

CT

Zip Code

06810-6099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Danbury Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649271

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher Hartley

Mailing Address 114 woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Francis Hospital and  
Medical Cen

Occupation

Sr Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649272

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Laura J. Hanten Jordan

Mailing Address 49 Oxford St

City

Hartford

State

CT

Zip Code

06105-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

VP, Patient Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649273

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dennis P MC Conville

Mailing Address 80 Chilstone Lane

City

Manchester

State

CT

Zip Code

06040-5651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Connecticut Health  
Network

Occupation

VP of Strategic/Operational Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649276

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms Kyle Ballou

Mailing Address 20 York Street

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale-New Haven Hospital

Occupation

Administrative Director Community &amp; Go

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649277

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr Steven D Hanks, , M.D.

Mailing Address P O Box 100

City

New Britain

State

CT

Zip Code

06050-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Britain General Hospi-  
tal

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649278

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr William Roe

Mailing Address 25 River Road  
Apt. 6106

City State Zip Code  
Wilton CT 06897-4068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Danbury Hospital

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649279

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Gerald J Boisvert

Mailing Address 282 Washington Street

City State Zip Code  
Hartford CT 06106-3322

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Connecticut Children's Me-  
dical Center

Occupation  
Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649280

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William Stanley

Mailing Address 292 Pequot Avenue

City State Zip Code  
New London CT 06320-4451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lawrence & Memorial Hospi-  
tal

Occupation  
Vice President, Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649281

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Julia A. Petrellis

Mailing Address 329 Round Hill Road

City

Bristol

State

CT

Zip Code

06010-9021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Connecticut Hospital Asso-  
ciation

Occupation

Director, Quality Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649282

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Reynolds

Mailing Address 280 Steele Road

City

West Hartford

State

CT

Zip Code

06117-2743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Francis Care, Inc.

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649283

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Ann Hanley

Mailing Address 349 East Street

City

Hebron

State

CT

Zip Code

06248-1102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Francis Hospital and  
Medical Cen

Occupation

Administrator, Liaison Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649284

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen Roche

Mailing Address 114 Woodland Street

City

Hartford

State

CT

Zip Code

06105-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Francis Hospital and  
Medical Cen

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649285

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Jeffrey A Chitester

Mailing Address 40 W Hill Dr

City

West Hartford

State

CT

Zip Code

06119-1347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Francis Hospital and  
Medical Cen

Occupation

Senior VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649312

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr David Borgert

Mailing Address 1428 Poppy Rd

City

Saint Cloud

State

MN

Zip Code

56303-0627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CentraCare Health System

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: 17649574

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Martin G Oscaol

Mailing Address 20 Medical Village Drive

City

Edgewood

State

KY

Zip Code

41017-5401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Elizabeth Medical Cen-  
ter-North

Occupation

VP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 17651989

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Catherine M. DeVet

Mailing Address 281 Rolling Hills Lane

City

Petoskey

State

MI

Zip Code

49770-9602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Michigan Regional  
Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 17651990

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert G Norton, , CHE

Mailing Address 81 Highland Avenue

City

Salem

State

MA

Zip Code

01970-2768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17695911

Amount of Each Receipt this Period

650.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul Betz, , FACHE

Mailing Address 3024 Stadium Boulevard

City

Jonesboro

State

AR

Zip Code

72401-7493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEA Baptist Memorial Hosp-  
italOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	9	

Transaction ID: 17700763

Amount of Each Receipt this Period

227.50

**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger M. Busfield

Mailing Address 419 Natural Resources Dr

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tionOccupation  
President Emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	9	

Transaction ID: 17700772

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Rock

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	9	

Transaction ID: 17701576

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

902.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 17701986

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 17701991

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 17701997

Amount of Each Receipt this Period

25.42

**SUBTOTAL** of Receipts This Page (optional) .....

165.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 17701999

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City

Alexandria

State

VA

Zip Code

22301-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1034595122983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1045726222983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

123.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sarah Berk

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1082532722983

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1113464222983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Davon Gray

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Legislative Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1143013022983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

94.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1260472922983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Michelle M. Mathy

Mailing Address 506A Howell

City

Alexandria

State

VA

Zip Code

22301-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Project Manager AHAPAC Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1300853722983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Mayfield

Mailing Address One North Franklin Street  
Suite 32139

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1302378922983

Amount of Each Receipt this Period

86.96

P/R Deduction (\$43.48 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

142.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President Account Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1347703422983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1347703622983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1347791022983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1384065322983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1492459922983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Monica D Day

Mailing Address 10224 Prince Place #205

City State Zip Code  
Largo MD 20774-1210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.21

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1516850622983

Amount of Each Receipt this Period

29.18

P/R Deduction (\$14.59 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

147.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elisa Arespacochaga

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.96

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR155565622983

Amount of Each Receipt this Period

30.44

P/R Deduction (\$15.22 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Clinton S. Manning

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Asst. Director Advocacy & Member Commu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.96

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1555656522983

Amount of Each Receipt this Period

30.44

P/R Deduction (\$15.22 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kathy Poole

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.45

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR1589439922983

Amount of Each Receipt this Period

31.82

P/R Deduction (\$15.91 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

92.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327629122983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City State Zip Code  
Rockville MD 20852-3249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327745922983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City State Zip Code  
Park Ridge IL 60068-3227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327771622983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

184.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327777222983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327777822983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327801722983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Chief Executive Officer, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327812022983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City State Zip Code  
Arlington VA 22205-3408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327831722983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327846222983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

146.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City State Zip Code  
Washington DC 20008-2614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327851922983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327858022983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327877822983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court  
#3002

City State Zip Code  
Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327895722983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Judy Williams

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Director Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR327918922983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328132822983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

146.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328136922983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328174922983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328223822983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

184.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: PR328224922983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: PR328241422983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: PR328260922983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

196.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City

Arnold

State

MD

Zip Code

21012-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Vice President Strategic Commun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328310422983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328341822983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328490122983

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

176.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328511822983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328512022983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Director, Health Data Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.35

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328641122983

Amount of Each Receipt this Period

45.46

P/R Deduction (\$22.73 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

163.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion

Occupation

President & CEO, AHA Solutions, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR328913322983

Amount of Each Receipt this Period

88.00

P/R Deduction (\$44.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR329013422983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Dr. John R. Combes, MD

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR329071322983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

206.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: PR329084422983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City	State	Zip Code
Nashville	TN	37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: PR329215722983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. John Evans

Mailing Address One North Franklin Street

City	State	Zip Code
Chicago	IL	60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: PR329342622983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

146.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR329654222983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR330343322983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR330411622983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR330465222983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City State Zip Code  
Apple Valley MN 55124-9229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR330475422983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code  
Arlington VA 22205-1609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR330534322983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

146.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR330547722983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

771.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR330549222983

Amount of Each Receipt this Period

94.00

P/R Deduction (\$47.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Walter James Reiter

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR330776122983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

174.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR331278822983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR331304222983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR331379122983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

96.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR331386922983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alex R. White, Sr.

Mailing Address PO Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1218.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR331416022983

Amount of Each Receipt this Period

116.00

P/R Deduction (\$58.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City State Zip Code  
Falls Church VA 22046-2613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR331533222983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

222.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR346168122983

Amount of Each Receipt this Period

39.84

P/R Deduction (\$19.92 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR517619722983

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR518031922983

Amount of Each Receipt this Period

43.48

P/R Deduction (\$21.74 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

161.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.96

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR560101522983

Amount of Each Receipt this Period

30.44

P/R Deduction (\$15.22 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR566280922983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City State Zip Code  
Alexandria VA 22314-4142

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR766023722983

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

110.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR801366322983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR876637222983

Amount of Each Receipt this Period

42.00

P/R Deduction (\$21.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: PR936292322983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

98.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 178

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director Quality Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	9	

Transaction ID: PR939603922983

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

28.00

TOTAL This Period (last page this line number only) .....

141325.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 178

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing  
federal political committee.

**C**

C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

93550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: 17588966

Amount of Each Receipt this Period

8550.00

**B.**

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City

Madison

State

WI

Zip Code

53725-9038

FEC ID number of contributing  
federal political committee.

**C**

C00359455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17589378

Amount of Each Receipt this Period

700.00

**C.**

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing  
federal political committee.

**C**

C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

51500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: 17606036

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

14250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 178

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing  
federal political committee.

**C** C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: 17616594

Amount of Each Receipt this Period

20000.00

**B.**

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code  
Madison WI 53725-9038

FEC ID number of contributing  
federal political committee.

**C** C00359455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 17628739

Amount of Each Receipt this Period

2325.00

**SUBTOTAL** of Receipts This Page (optional) .....

22325.00

**TOTAL** This Period (last page this line number only) .....

36575.00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 178

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2752.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Transaction ID: 17700775

Amount of Each Receipt this Period

243.64

Interest Earned

SUBTOTAL of Receipts This Page (optional) .....

243.64

TOTAL This Period (last page this line number only) .....

243.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 / 178

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
2009 Contribution

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17606144

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

2009 Contribution

**B.**

Full Name (Last, First, Middle Initial)

Charles Boustany Jr Md For Congress, Inc

Mailing Address PO Box 80126

City  
LafayetteState  
LAZip Code  
70598Purpose of Disbursement  
ContributionCandidate Name  
Rep. Charles W. Boustany, Jr.

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 17606145

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Amount of Each Disbursement this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Team Emerson For Jo Ann Emerson

Mailing Address P.O. Box 822  
400 Broadway, Suite 501City  
Cape GirardeauState  
MOZip Code  
63702Purpose of Disbursement  
ContributionCandidate Name  
Rep. Jo Ann Emerson

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 08

Transaction ID: 17606151

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Heath Shuler For Congress	<b>Transaction ID:</b> 17606156 <b>Date of Disbursement</b>
Mailing Address PO Box 8446	<div> <div>10</div> <div>06</div> <div>2009</div> </div>
City Asheville State NC Zip Code 28814	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Rep. Heath Shuler	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee	<b>Transaction ID:</b> 17606157 <b>Date of Disbursement</b>
Mailing Address Post Office Box 28001 PO Box 28001	<div> <div>10</div> <div>06</div> <div>2009</div> </div>
City Raleigh State NC Zip Code 27611	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>500.00</div>
Candidate Name Rep. Bob Etheridge	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee	<b>Transaction ID:</b> 17606158 <b>Date of Disbursement</b>
Mailing Address Post Office Box 28001 PO Box 28001	<div> <div>10</div> <div>06</div> <div>2009</div> </div>
City Raleigh State NC Zip Code 27611	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Rep. Bob Etheridge	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

**8000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 156 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tiberi For Congress	<b>Transaction ID:</b> 17606159 <b>Date of Disbursement</b>
Mailing Address 2931 E Dublin Granville Road Suite 190	<div> <div>10</div> <div>06</div> <div>2009</div> </div>
City Columbus State OH Zip Code 43231	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Patrick J. Tiberi	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>Contribution</b>	
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Bishop For Congress	<b>Transaction ID:</b> 17606160 <b>Date of Disbursement</b>
Mailing Address PO Box 437	<div> <div>10</div> <div>06</div> <div>2009</div> </div>
City Farmingville State NY Zip Code 11738	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Tim Bishop	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>Contribution</b>	
<b>C.</b> Full Name (Last, First, Middle Initial) McNerney For Congress	<b>Transaction ID:</b> 17606161 <b>Date of Disbursement</b>
Mailing Address 6520 Village Parkway Second Floor	<div> <div>10</div> <div>06</div> <div>2009</div> </div>
City Dublin State CA Zip Code 94568	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Jerry McNerney	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>Contribution</b>	

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 178

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Rangel For Congress

Mailing Address PO Box 5577  
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement  
Void of 9/09 check

Candidate Name  
Rep. Charles B. Rangel

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 15

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17622890

Date of Disbursement

10 / 20 / 2009

Amount of Each Disbursement this Period

-1000.00

Void of 9/09 check

B.

Full Name (Last, First, Middle Initial)

Friends Of Weiner

Mailing Address 1 Ascan Avenue #31  
Suite 31

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement  
Void of 9/09 check

Candidate Name  
Rep. Anthony D. Weiner

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 09

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17622891

Date of Disbursement

10 / 20 / 2009

Amount of Each Disbursement this Period

-2000.00

Void of 9/09 check

C.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2009 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17623454

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

4000.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 / 178

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Heller For Congress	<b>Transaction ID:</b> 17623457 <b>Date of Disbursement</b>																				
Mailing Address PO Box 750580	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	9												
City Las Vegas State NV Zip Code 89136	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Dean Heller	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Bill Shuster For Congress	<b>Transaction ID:</b> 17623458 <b>Date of Disbursement</b>																				
Mailing Address PO Box 27	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	9												
City Hollidaysburg State PA Zip Code 16648	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. William Franklin Shuster	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Tim Bishop For Congress	<b>Transaction ID:</b> 17623461 <b>Date of Disbursement</b>																				
Mailing Address PO Box 437	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	9												
City Farmingville State NY Zip Code 11738	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Tim Bishop	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 159 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mike Ross For Congress Committee

Mailing Address PO Box 360

City State Zip Code  
Prescott AR 71857

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael Avery Ross

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AR District: 04

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17623462

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Giffords For Congress

Mailing Address PO Box 12886

City State Zip Code  
Tucson AZ 85732

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Gabrielle Giffords

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 08

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17623463

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Gene Green Congressional Campaign

Mailing Address PO Box 16128

City State Zip Code  
Houston TX 77222

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Gene Green

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 29

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17623465

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 160 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citizens For Rush

Mailing Address P. O. Box 7292

City  
Chicago

State  
IL

Zip Code  
60680

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bobby Lee Rush

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 01

Transaction ID: 17623466

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Weiner

Mailing Address 1 Ascan Avenue #31  
Suite 31

City  
Forest Hills

State  
NY

Zip Code  
11375

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Anthony D. Weiner

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 09

Transaction ID: 17623467

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Norm Dicks For Congress

Mailing Address PO Box 1663

City  
Tacoma

State  
WA

Zip Code  
98401

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Norman D. Dicks

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Transaction ID: 17623468

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 161 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) America Works Committee	<b>Transaction ID:</b> 17632312 <b>Date of Disbursement</b>
Mailing Address 607 14th Street, NW Ste. 800	<div> <div>10</div> <div>21</div> <div>2009</div> </div>
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2009 Contribution	<div>2500.00</div>
Candidate Name America Works Committee	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
2009 Contribution	2009 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc	<b>Transaction ID:</b> 17632331 <b>Date of Disbursement</b>
Mailing Address 607 14th Street Nw Suite 800	<div> <div>10</div> <div>21</div> <div>2009</div> </div>
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Sen. Mary L. Landrieu	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress	<b>Transaction ID:</b> 17632360 <b>Date of Disbursement</b>
Mailing Address Post Office Box 9336	<div> <div>10</div> <div>21</div> <div>2009</div> </div>
City Fargo State ND Zip Code 58106	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Earl Pomeroy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 162 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Aderholt For Congress

Mailing Address P. O. Box 1158  
940 Hwy 13

City Haleyville State AL Zip Code 35565

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robert B. Aderholt

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 04

Transaction ID: 17632379

Date of Disbursement

10 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Leonard Lance

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: 17632386

Date of Disbursement

10 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Peter Roskam

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: 17632387

Date of Disbursement

10 / 21 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 163 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Rush Holt For Congress	<b>Transaction ID:</b> 17632393
	Mailing Address PO Box 782	Date of Disbursement
	City Pennington State NJ Zip Code 08534	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	Purpose of Disbursement Contribution Candidate Name Rep. Rush D. Holt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NJ District: 12 Other (specify) ▼	Amount of Each Disbursement this Period
		<input type="text" value="1000.00"/>
		Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Bachus For Congress Committee	<b>Transaction ID:</b> 17632394
	Mailing Address P.O. Box 131134	Date of Disbursement
	City Birmingham State AL Zip Code 35213	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	Purpose of Disbursement Contribution Candidate Name Rep. Spencer Thomas Bachus, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: AL District: 06 Other (specify) ▼	Amount of Each Disbursement this Period
		<input type="text" value="4000.00"/>
		Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Joe Baca	<b>Transaction ID:</b> 17632398
	Mailing Address 555 Capitol Mall Suite 1425	Date of Disbursement
	City Sacramento State CA Zip Code 95814	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	Purpose of Disbursement Contribution Candidate Name Rep. Joe Baca Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CA District: 42 Other (specify) ▼	Amount of Each Disbursement this Period
		<input type="text" value="300.00"/>
		Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**5300.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 164 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Berman For Congress	<b>Transaction ID:</b> 17632399 <b>Date of Disbursement</b>
Mailing Address 6380 Wilshire Blvd. #1612	<div> <div>10</div> <div>21</div> <div>2009</div> </div>
City Los Angeles State CA Zip Code 90048	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Howard L. Berman	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Thompson For Congress	<b>Transaction ID:</b> 17632400 <b>Date of Disbursement</b>
Mailing Address 5429 Madison Avenue	<div> <div>10</div> <div>21</div> <div>2009</div> </div>
City Sacramento State CA Zip Code 95841	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Rep. Michael Thompson	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Nebraska Leadership PAC (NELPAC)	<b>Transaction ID:</b> 17632401 <b>Date of Disbursement</b>
Mailing Address P.O. Box 540186	<div> <div>10</div> <div>16</div> <div>2009</div> </div>
City Omaha State NE Zip Code 68154	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2009 Contribution	<div>5000.00</div>
Candidate Name Nebraska Leadership PAC (NELPAC)	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
2009 Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 165 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

IN-PAC

Mailing Address 3435 Duffer Drive

City  
Columbus

State  
IN

Zip Code  
47203

Purpose of Disbursement  
2009 Contribution

Candidate Name  
IN-PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17632402

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

2500.00

2009 Contribution

B.

Full Name (Last, First, Middle Initial)

Larson For Congress

Mailing Address 29 Ruff Circle

City  
Glastonbury

State  
CT

Zip Code  
06033

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John B. Larson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: 17632404

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Bill Owens For Congress

Mailing Address PO Box 1575

City  
Plattsburgh

State  
NY

Zip Code  
12901

Purpose of Disbursement  
2009 Special General Contribution

Candidate Name  
William Owens

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☒ Other (specify) ▼

State: NY District: 23 Special-General2009

Transaction ID: 17632405

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

5000.00

2009 Special General Contribution

SUBTOTAL of Disbursements This Page (optional) .....

9000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 166 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Pallone For Congress	<b>Transaction ID:</b> 17632407 <b>Date of Disbursement</b>
Mailing Address PO Box 3176	<div> <div>10</div> <div>16</div> <div>2009</div> </div>
City Long Branch State NJ Zip Code 07740	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Frank Pallone, Jr.	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	<b>Transaction ID:</b> 17632408 <b>Date of Disbursement</b>
Mailing Address P.O. Box 2232	<div> <div>10</div> <div>16</div> <div>2009</div> </div>
City Jenkintown State PA Zip Code 19046	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Rep. Allyson Y. Schwartz	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	<b>Transaction ID:</b> 17653487 <b>Date of Disbursement</b>
Mailing Address 425 Second Street, NE	<div> <div>10</div> <div>29</div> <div>2009</div> </div>
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2009 Contribution	<div>8000.00</div>
Candidate Name	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
2009 Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

11500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 167 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

LA PAC

Mailing Address 8208 Portsmouth Street

City Bakersfield State CA Zip Code 93311

Purpose of Disbursement  
2009 Contribution

Candidate Name  
LA PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17700786

Date of Disbursement

10 / 26 / 2009

Amount of Each Disbursement this Period

5000.00

2009 Contribution

B.

Full Name (Last, First, Middle Initial)

National Leadership PAC

Mailing Address 635 B Pennsylvania Ave.

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2009 Contribution

Candidate Name  
National Leadership PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17700787

Date of Disbursement

10 / 26 / 2009

Amount of Each Disbursement this Period

1000.00

2009 Contribution

C.

Full Name (Last, First, Middle Initial)

Husky PAC

Mailing Address 501 Capitol Court, NE  
Suite 100

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2009 Contribution

Candidate Name  
Husky PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17700788

Date of Disbursement

10 / 26 / 2009

Amount of Each Disbursement this Period

1000.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 168 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Kent Conrad Mailing Address PO Box 812	<b>Transaction ID:</b> 17700789 <b>Date of Disbursement</b> <div> <div>10</div> <div>26</div> <div>2009</div> </div>
City Bismarck State ND Zip Code 58502 Purpose of Disbursement 2012 Contribution Candidate Name Sen. Kent Conrad Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District:	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> 2012 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of John Tanner Mailing Address Post Office Box 1994 City Union City State TN Zip Code 38281 Purpose of Disbursement Contribution Candidate Name Rep. John S. Tanner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08	<b>Transaction ID:</b> 17700790 <b>Date of Disbursement</b> <div> <div>10</div> <div>26</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1500.00</div> Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Driehaus For Congress Mailing Address 650 Fox Trails Way City Cincinnati State OH Zip Code 45233 Purpose of Disbursement Contribution Candidate Name Rep. Steve Driehaus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 01	<b>Transaction ID:</b> 17700793 <b>Date of Disbursement</b> <div> <div>10</div> <div>26</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 169 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Peters For Congress	<b>Transaction ID:</b> 17700794 <b>Date of Disbursement</b>
Mailing Address PO Box 226	<div> <div>10</div> <div>26</div> <div>2009</div> </div>
City Bloomfield Hills State MI Zip Code 48303	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution Candidate Name Rep. Gary C. Peters	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/Type Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Walz For Us Congress	<b>Transaction ID:</b> 17700795 <b>Date of Disbursement</b>
Mailing Address PO Box 938	<div> <div>10</div> <div>26</div> <div>2009</div> </div>
City Mankato State MN Zip Code 56002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution Candidate Name Rep. Timothy J. Walz	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/Type Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Ginny Brown-Waite	<b>Transaction ID:</b> 17700796 <b>Date of Disbursement</b>
Mailing Address PO Box 865	<div> <div>10</div> <div>26</div> <div>2009</div> </div>
City Brooksville State FL Zip Code 34605	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution Candidate Name Rep. Virginia Brown-Waite	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/Type Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 170 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Moore For Congress	<b>Transaction ID:</b> 17700797
	Mailing Address PO Box 14631	Date of Disbursement <div> <div>10</div> <div>26</div> <div>2009</div> </div>
	City Shawnee Mission State KS Zip Code 66285	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Dennis Moore	<div>1000.00</div>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type  Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Lincoln Davis For Congress	<b>Transaction ID:</b> 17700798
	Mailing Address PO Box 350	Date of Disbursement <div> <div>10</div> <div>26</div> <div>2009</div> </div>
	City Jamestown State TN Zip Code 38556	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Lincoln Davis	<div>1000.00</div>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type  Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Boswell For Congress	<b>Transaction ID:</b> 17700799
	Mailing Address PO Box 6220	Date of Disbursement <div> <div>10</div> <div>26</div> <div>2009</div> </div>
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Leonard L. Boswell	<div>1000.00</div>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type  Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 171 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Schock For Congress	<b>Transaction ID:</b> 17700800 <b>Date of Disbursement</b>
Mailing Address PO Box 10555	<div> <div>10</div> <div>26</div> <div>2009</div> </div>
City Peoria State IL Zip Code 61612	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Aaron Jon Schock	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Dave Reichert	<b>Transaction ID:</b> 17700801 <b>Date of Disbursement</b>
Mailing Address P. O. Box 53322	<div> <div>10</div> <div>26</div> <div>2009</div> </div>
City Bellevue State WA Zip Code 98015	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. David George Reichert	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Childers For Congress	<b>Transaction ID:</b> 17700802 <b>Date of Disbursement</b>
Mailing Address PO Box 177	<div> <div>10</div> <div>26</div> <div>2009</div> </div>
City Booneville State MS Zip Code 38829	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Travis Wayne Childers	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 172 / 178

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Boccheri for Congress

Mailing Address PO Box 3016

City  
AllianceState  
OHZip Code  
44601Purpose of Disbursement  
ContributionCandidate Name  
Rep. John Boccheri011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 16

Transaction ID: 17700803

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	9

Amount of Each Disbursement this Period

1500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Culberson For Congress

Mailing Address P.O. Box 41964

City  
HoustonState  
TXZip Code  
77241Purpose of Disbursement  
ContributionCandidate Name  
Rep. John Abney Culberson011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 07

Transaction ID: 17700804

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Barney Frank For Congress Committee

Mailing Address PO Box 260

City  
NewtonvilleState  
MAZip Code  
02460Purpose of Disbursement  
ContributionCandidate Name  
Rep. Barney Frank011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 04

Transaction ID: 17700805

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 173 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Joe Baca	<b>Transaction ID:</b> 17700826 <b>Date of Disbursement</b>
Mailing Address 555 Capitol Mall Suite 1425	<div> <div>10</div> <div>26</div> <div>2009</div> </div>
City Sacramento State CA Zip Code 95814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>200.00</div>
Candidate Name Rep. Joe Baca	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	<b>Contribution</b>
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Mike McIntyre For Congress	<b>Transaction ID:</b> 17700829 <b>Date of Disbursement</b>
Mailing Address P.O. Box 1	<div> <div>10</div> <div>26</div> <div>2009</div> </div>
City Lumberton State NC Zip Code 28359	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Mike McIntyre	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	<b>Contribution</b>
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Butterfield For Congress Committee	<b>Transaction ID:</b> 17700832 <b>Date of Disbursement</b>
Mailing Address PO Box 2571	<div> <div>10</div> <div>26</div> <div>2009</div> </div>
City Wilson State NC Zip Code 27894	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. George K. Butterfield	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	<b>Contribution</b>
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2200.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 174 / 178

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Butterfield For Congress Committee	<b>Transaction ID:</b> 17700839 <b>Date of Disbursement</b>
Mailing Address PO Box 2571	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 0 9</div> </div>
City Wilson State NC Zip Code 27894	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. George K. Butterfield	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	<b>Transaction ID:</b> 17700868 <b>Date of Disbursement</b>
Mailing Address 76 Magnolia Terrace	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 0 9</div> </div>
City Springfield State MA Zip Code 01108	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1500.00</div>
Candidate Name Rep. Richard E. Neal	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	<b>Transaction ID:</b> 17700872 <b>Date of Disbursement</b>
Mailing Address 76 Magnolia Terrace	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 0 9</div> </div>
City Springfield State MA Zip Code 01108	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>500.00</div>
Candidate Name Rep. Richard E. Neal	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 175 / 178

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Melissa Bean For Congress

Mailing Address PO Box 3068

City  
BarringtonState  
ILZip Code  
60010Purpose of Disbursement  
ContributionCandidate Name  
Rep. Melissa L. Bean011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: 17700873

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	9

Amount of Each Disbursement this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Julie Hamos For Congress

Mailing Address P.O. Box 1281

City  
NorthbrookState  
ILZip Code  
60062Purpose of Disbursement  
ContributionCandidate Name  
Julie Hamos011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 17700874

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	9

Amount of Each Disbursement this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kathy Dahlkemper For Congress

Mailing Address PO Box 1045

City  
ErieState  
PAZip Code  
16512Purpose of Disbursement  
ContributionCandidate Name  
Rep. Kathleen A. Dahlkemper011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: 17700878

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	9

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

9000.00

TOTAL This Period (last page this line number only) .....

107000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 176 / 178

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address Ste. 001

City  
Chicago

State  
IL

Zip Code  
60679

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 17700770

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

4.95

Merchant Fees

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address Ste. 001

City  
Chicago

State  
IL

Zip Code  
60679

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 17700771

Date of Disbursement

10 / 05 / 2009

Amount of Each Disbursement this Period

95.89

Merchant Fees

**C.**

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City  
Dallas

State  
TX

Zip Code  
75201

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 17700773

Date of Disbursement

10 / 05 / 2009

Amount of Each Disbursement this Period

80.55

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

181.39

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 177 / 178

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 17700774

Date of Disbursement

10 / 20 / 2009

Amount of Each Disbursement this Period

16.26

Bank Fee

SUBTOTAL of Disbursements This Page (optional) .....

16.26

TOTAL This Period (last page this line number only) .....

197.65

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 178 / 178

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Franken Recount Fund

Mailing Address 4190 Vinewood Lane  
#111-554

City Minneapolis State MN Zip Code 55442

Purpose of Disbursement  
Donation

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17700860

Date of Disbursement

10 / 29 / 2009

Amount of Each Disbursement this Period

2500.00

Donation

**B.**

Full Name (Last, First, Middle Initial)

Fund for Political Education

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Transfer to Admin Acct.

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17701214

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

417.50

Transfer to Admin Acct.

**SUBTOTAL** of Disbursements This Page (optional) .....

2917.50

**TOTAL** This Period (last page this line number only) .....

2917.50